

IN PATIENT SUMMARY BILL

UHID : MMH202473021

IP No : IP2024000116

Patient name : Mrs.MOHANA K

Age : 29 Y 2 M 14 D/Female

Bill No : MMH/MH/IP202400141

Bill Date : 19/01/2024

DOA : 17/1/2024 2:42PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ANUSHA RAAJ

| S.No | Description | Amount |
|-----------------|-----------------------------|-------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 12,375.00 |
| 3 | DIET CHARGES | ₹ 500.00 |
| 4 | DUTY MEDICAL OFFICER CHARGE | ₹ 1,875.00 |
| 5 | EQUIPMENT | ₹ 500.00 |
| 6 | GENERAL PROCEDURE | ₹ 500.00 |
| 7 | NURSING CHARGE | ₹ 1,875.00 |
| 8 | OPERATION THEATRE CHARGES | ₹ 12,550.00 |
| 9 | PROFESSIONAL TEAM FEES | ₹ 61,000.00 |
| Gross Amount | | ₹ 91,525.00 |
| Net Payable | | ₹ 91,525.00 |
| Advance Amount | | ₹ 50,000.00 |
| Received Amount | | ₹ 41,525.00 |

Received Amount in Words : Ninety-One Thousand Five Hundred
Twenty-Five Only

DINESH
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|---------------------|--------------|------------------|-----------------|
| 1 | 17/01/2024 | MMH/MH/RECH20240015 | CARD | Advance Amount | 50,000.00 |
| 2 | 19/01/2024 | MMH/MH/REDH20240131 | CHEQUE | Collected Amount | 2,307.00 |
| 3 | 19/01/2024 | MMH/MH/REDH20240131 | CARD | Collected Amount | 39,218.00 |